

U.S. ENVIRONMENTAL PROTECTION AGENCY
MERIT PROMOTION - EXTERNAL
Certificate of Eligibility

ANNOUNCEMENT #: CI-R7-MP-2017-0007
POSITION: Supervisory Information Technology Specialist
CERTIFICATE #: CI-R7-MP-2017-0007-GS15-C
CERTIFICATE GRADE: GS-15
LOCATION: Lenexa, KS, US
ISSUE DATE: 01/02/2017
DCE DATE: 01/17/2017
EXPIRATION DATE: 04/02/2017

Series: 2210

Grade: 15

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BOOKE, RAYMOND
27021 243rd St
McLouth Kansas 66054
United States
Telephone 1: Day Phone - 910-381-7342
Email: rbooke@gmail.com

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RANDOM NUMBER: 9

U.S. ENVIRONMENTAL PROTECTION AGENCY
MERIT PROMOTION - EXTERNAL
Certificate of Eligibles

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U.S. ENVIRONMENTAL PROTECTION AGENCY
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Certificate of Eligibles

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U.S. ENVIRONMENTAL PROTECTION AGENCY
MERIT PROMOTION - EXTERNAL
Certificate of Eligibles



ISSUING OFFICIAL: Owen Huggins
TITLE / PHONE: HR Specialist/513-569-7755

SELECTING OFFICIAL: Benjamin Krehbiel
TITLE / PHONE: Dep ARA, PLMG/513-551-7106

RANDOM NUMBER: 9

MERIT PROMOTION - EXTERNAL
Certificate of Eligibles

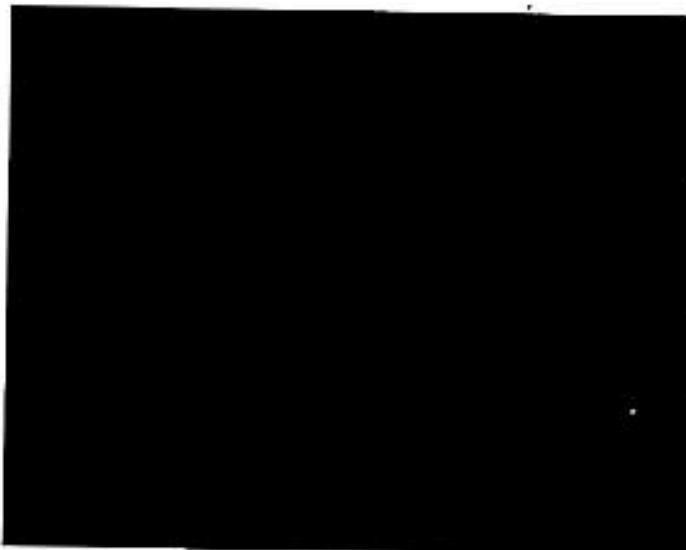
ANNOUNCEMENT #: CI-R7-MP-2017-0007
POSITION: Supervisory Information Technology Specialist
CERTIFICATE #: CI-R7-MP-2017-0007-GS15-MC
CERTIFICATE GRADE: GS-15
LOCATION: Lenexa, KS, US
ISSUE DATE: 01/02/2017
DUE DATE: 01/02/2017
EXPIRATION DATE: 04/02/2017

Series: 2210

Grade: 15

NS

NS



ISSUING OFFICIAL: Gwen Ruggins
TITLE / PHONE: HR Specialist/313-569-7785

SELECTING OFFICIAL: Benjamin Krehbiel
TITLE / PHONE: Dep ARA, FLNG/313-551-7106

RANDOM NUMBER: 9

Michael B. [Signature]
ARA R7

U.S. ENVIRONMENTAL PROTECTION AGENCY
MERIT PROMOTION - EXTERNAL
Certificate of Eligibles

ANNOUNCEMENT #: CI-R7-MP-2017-0007
POSITION: Supervisory Information Technology Specialist
CERTIFICATE #: CI-R7-MP-2017-0007-GS15-104
CERTIFICATE GRADE: GS-15
LOCATION: Lenexa, KS, US
ISSUE DATE: 01/02/2017
DUE DATE: 01/17/2017
EXPIRATION DATE: 04/02/2017

Series: 2210

Grade: 15

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RANDOM NUMBER: 5

Michael B. Q.
KANA K7

U.S. ENVIRONMENTAL PROTECTION AGENCY
MERIT PROMOTION - EXTERNAL
Certificate of Eligibles

ISSUING OFFICIAL: Gwen Huggins
TITLE / PHONE: HR Specialist/513-569-7755

SELECTING OFFICIAL: Benjamin Krebbiel
TITLE / PHONE: Dep ARA, PIAG/513-551-7106

RANDOM NUMBER: 9

From: [REDACTED]
To: Huggins, Gwen
Cc: Krebbiel, Ben; Jones, Sara; Shannon, Jennifer
Subject: Re: Tentative Job Offer [REDACTED]
Date: Friday, January 13, 2017 5:48:55 PM

Gwen,

Thank you very much for the job offer and communication. At this time I must respectfully decline the job offer.

I apologize if my delay in a decision has caused any hardship in your busy work schedule.

I sincerely thank you and the EPA for the opportunity to apply and interview for this position. I appreciate the trust shown in the job offer and hope that future opportunities to apply for EPA positions will be possible.

Thank you,
[REDACTED]

On Thu, Jan 12, 2017 at 5:52 PM, Huggins, Gwen <Huggins.gwen@epa.gov> wrote:

[REDACTED]

Congratulations! You have been tentatively selected for the position of Supervisory Information Technology Specialist, GS-2210-15, step 1, with an annual salary of \$119,834.00 per year, with the Environmental Protection Agency. Your tentative offer letter is attached.

Please respond by email, no later than Friday, January 13, 2017, your decision regarding this tentative job offer. I will be out of the office tomorrow, so please include my team lead, Sara Jones on your email.

I have attached a Declaration of Federal Employment form, OF 306 for your completion. Please sign and date this form on line 17a and return to me.

Any questions, please feel free to contact me.

Thank you,

gwen huggins

Gwen Huggins
Human Resources Specialist
Shared Service Center
USEPA, OARM, Cincinnati, Ohio
Phone: 513-569-7755
Fax: 513-569-7826

"But this is the great danger America faces: that we will cease to be one nation and become instead a collection of interest groups, each seeking to satisfy private wants. If that happens, who then will speak for America? Who then will speak for the common good?" —Barbara Jordan, 1976



January 12, 2017

[REDACTED]

Subject: Tentative Job Offer [REDACTED] Supervisory Information Technology Specialist, GS-2210-15

[REDACTED]

This is a tentative job offer for a Supervisory Information Technology Specialist, GS-2210-15, step 01, \$119,834.000 per annum, at the Environmental Protection Agency, Region 7, Office of Policy and Management, R7 Information Technology, in Lenexa, Kansas. The full performance level for this position is GS-2210-15. Your effective date is to be determined.

Please respond by January 13, 2017 to indicate if you are accepting or declining this tentative offer so that I may initiate the appropriate pre-employment process.

You may be required to complete a background investigation process that involves our EPA Personnel Security Branch (PSB). Once I receive your acceptance of this tentative offer and the required forms, I will contact PSB regarding your selection. PSB may send you an email with instructions, and forms required for you to complete in order to initiate your background investigation. The PSB process will also require fingerprinting. PSB will notify me by email that you have completed all of the pre-employment requirements.

Once all the pre-employment and appointment eligibility criteria above is confirmed, I will be able to establish an official effective date and provide you with your formal written job offer.

***Note:** Our Workforce Transformation and Tracking System (WTTS) and Entrance on Duty Systems (EODS) is down today but your selection action will be processed through the WTTS and EODS system. Once receiving the formal written job offer you must submit all employment forms using the Entrance on Duty Systems (EODS). You will receive (2) emails from the Workforce Transformation and Tracking System (WTTS) that will include a link and a temporary password.

I have attached an OF-306, Declaration for Federal Employment. Please sign as the applicant in box 17-A. I need you to complete this form and send it back to me, either by fax or scanned into an email. Once I receive the form, I will send your information off to the Personnel Security Branch (PSB) and they may enroll you in the secure e-Qip website so you may complete your background investigation.

Please treat this tentative job offer as confidential until we have established a firm start date.

If you have any questions, please feel free to contact me.

Thanks & Congratulations!

Gwen Huggins

Gwen Huggins
Human Resources Specialist
OARM/HRMD/SSC
25 West Martin Luther King Drive
Cincinnati, OH 45268
513-569-7755
513-569-7826 (F)
Huggins.gwen@epa.gov

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved
OMB No. 3206-0102

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

2. **SOCIAL SECURITY NUMBER**

3a. **PLACE OF BIRTH** (include city and state or country)

3b. **ARE YOU A U.S. CITIZEN?**

☐ YES ☐ NO (If "NO", provide country of citizenship)

4. **DATE OF BIRTH** (MM/DD/YYYY)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

6. **PHONE NUMBERS** (include area codes)

Day

Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3326) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

☐ YES

☐ NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

☐ YES (If "YES", proceed to 8.)

☐ NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

☐ YES (If "YES", provide information below) ☐ NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. ☐ YES ☐ NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. ☐ YES ☐ NO

11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. ☐ YES ☐ NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarrred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. ☐ YES ☐ NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt. ☐ YES ☐ NO

U.S. Office of Personnel Management

5 U.S.C. 1303, 3301, 3304, 3323 & 3716

Optional Form 308
Revised October 2011
Previous editions obsolete and inoperative

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. ☐ YES ☐ NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? ☐ YES ☐ NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date _____
(Sign in ink)

17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM/DD/YYYY

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? _____ MM/DD/YYYY

DATE:

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? ☐ YES ☐ NO ☐ DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. ☐ YES ☐ NO ☐ DO NOT KNOW